## Purchasing CPP (DoD)

### Optional Cardholder Setup Information:

✓E-mail Address: _____
(max. 60 char.)

✓Alternate Phone Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __
(max 18 char.)

✓Fax Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __
(max 18 char.)

Employee ID: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
(max 20 char.)

Tax Exempt Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
(max 20 char.)

### Optional Cardholder Authorization Controls:

| | | |
|---|---|---|
| Daily Transaction Limit: __ __ __ __ __ __ | Daily Purchase Limit: | $__, __ __ __, __ __ __, __ __ __ |
| Cycle Transaction Limit: __ __ __ __ __ __ | Cycle Purchase Limit: | $__, __ __ __, __ __ __, __ __ __ |
| Monthly Transaction Limit: __ __ __ __ __ __ | Monthly Purchase Limit: | $__, __ __ __, __ __ __, __ __ __ |
| Quarterly Transaction Limit: __ __ __ __ __ __ | Quarterly Purchase Limit: | $__, __ __ __, __ __ __, __ __ __ |
| Annual Transaction Limit: __ __ __ __ __ __ | Annual Purchase Limit: | $__, __ __ __, __ __ __, __ __ __ |

### Form Submitted by: _____

Signature_____

Print Name_____

Phone _____

Fax _____ Date Submitted _____

| For I.M.P.A.C. Government Services use only: |
|---|
| Rec'd Date:_____ Input Date:_____ |
| Completed By:_____ |
| Review Date:_____ Reviewed By: _____ |
| Reject Reason: Reject Date: _____ |
| ☐ Incomplete (missing information circled or highlighted) |
| ☐ Other_____ |

# CARDHOLDER SETUP

## Purchasing CPP (DoD)                                          Page 1

✓ Agent Number _ _ _ _          Company Number _ _ _ _ _          ✓ BO Name: _____
*(Leave blank if Cardholder Setup*          *(Leave blank if Cardholder Setup*
*is sent with Agency Setup)*          *is sent with Billing Official Level Setup)*

### Cardholder Information: *(Complete all information, unless indicated as optional)*

✓ Cardholder Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
*(Name 1)*          *(max. 24 char.)*

✓ Dept./Office/Agency Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _          *(✓) Emboss Name ☐ Yes ☐ No*
*(Name 2)*          *(max. 20 char.)*

✓ Address 1: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
*(max. 30 char.)*

Address 2: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
*(Optional)   (max. 35 char.)*

✓ City: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _          ✓ State: _ _
*(max. 25 char.)*

✓ Zip: _ _ _ _ _ _ _ _ _ _          Country: _ _ _
*(max. 10 char.)*

✓ Phone Number: _ _ _ _ _ _ _ _ _ _
*(max. 10 char.)*

User Field 2: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _          MAT Code*: _ _ _ _
*(Optional, first eight (8) characters embossed on plastic)(max. 15 char.)*          *(\*Use this field if only one MAT Code. Use page 3 if more than*
                                                            *one MAT Code needed.)*

Single Purchase Limit: $ _ , _ _ _ , _ _ _          30-Day Limit: $ _ , _ _ _ , _ _ _ , _ _ _
                                                                    *(Credit Limit)*

Card Suppression (Indicate Y = Yes, N = No): _

I.M.P.A.C. Check (Indicate Y = Yes, N = No): _ ⇨          I.M.P.A.C Check Single Purchase Limit: $ _ _ _ , _ _ _

### Reporting Levels:

Level 1: _ _ _ _ _          Level 2: _ _ _ _          Level 3: _ _ _ _ _          Level 4: _ _ _ _

Level 5: _ _ _ _          Level 6: _ _ _ _          Level 7: _ _ _ _

✓ Master Accounting Code: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
*(Optional) (max. 75 char.)*          *(First 25 characters of Accounting Code)*

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
*(Second 25 characters of Accounting Code)*

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
*(Third 25 characters of Accounting Code)*

### Form Submitted by: _____

Signature_____

Print Name_____

Phone _____

Fax _____ Date Submitted _____

Form: CHSET-DoD
     (9/99)